

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90096 017 ****61.25

DOCUMENT # N40395

1. Entity Name
FLORIDA NARCOLEPSY ASSOCIATION, INC.

Principal Place of Business Mailing Address

2631 59TH ST **P O BOX 15352**
SARASOTA FL 34243 **SARASOTA FL 34277**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3033120 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRETTMAN, NORMA L
2631 59TH ST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name **Cikovic, Marion L.**

Street Address (P.O. Box Number is Not Acceptable)
2631 59th St

City **Sarasota** FL Zip Code **34243**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Marion L. Cikovic Vice President** **04/02/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	TD GOETTMAN, NORMA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5104 -43RD AVE W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE NAME	D BETTS, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	10457 COOPERWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE NAME	D FAY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	16211 2ND ST. E.	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE NAME	D GOETTMANN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5104 43RD AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	D RHODES, RON	<input type="checkbox"/> Delete
STREET ADDRESS	3773 WAKE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D CIKOVIC, FRANK C	<input type="checkbox"/> Delete
STREET ADDRESS	2631 59TH ST	
CITY-ST-ZIP	SARASOTA FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PP Horn, Paul C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5611 Bayshore Rd; Lot 16	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE NAME	VST Cikovic, Marion L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2631 59th St.	
CITY-ST-ZIP	Sarasota, FL 34243-2439	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marion L. Cikovic** **04/02/01** **94-355-5359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)